

ALABAMA BOARD OF COSMETOLOGY



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License Certification Request

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Name: _____

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Record ID# _____ **E-mail Address:** _____

Please send certification of my Alabama license to the State of: _____

I am currently licensed as a:

_____ Cosmetologist

_____ Manicurist

_____ Esthetician

_____ Instructor

Please Enclose a Copy of:

Current Alabama License

Social Security Card

Driver's License

I verify the information included above is true to the best of my knowledge.

(Signature Required)